

CONSTRUCTION MANAGER QUALIFICATIONS

DATE:					
FIRM NAME:	(Company Name)				
	(Address)			(City, State, ∠ip)	
	(Phone Number)	(F	-ax Number)	(E-Mail)	
CAPABILITIES:					
DESIGN REVI	IEW OF:	•			
	Civil S	tructural	Mechanical	Electrical	Architectural
SITE CONSTR	RUCTION INSPECTION	I OF:			
	General Contracting	Electrical	Plumbing	HVAC	Demolition
	Asbestos Abatement	Earthmoving	Other		
FOR CORPORA	ATIONS ONLY				
		•			
President's Name			Vice-President's Name		
Secretary's Name			Treasurer's Name		
Name of State(S) in wh	ich incorporated		Date(s) of incorporation		
FOR PARTNERSHIPS ONLY			Date of Organization:		
Type of Partners	hip: Ge	eneral	Limited	Association	
Name and address	ses of all partners: (use	additional sheet if nece	essary)		
1. Name		Address		City, State, Zip	
2. Name		Address		City, State, Zip	
GENERAL INFO	ORMATION	Federal ID Number		or SSN	
# of permanent en	nployees		# of years in business		
Geographical limit	s of operation				
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nas tirm ever faile	α το complete a project	or defaulted on a contr	act? If so, state where an	a wny:	
Has firm ever been	n engaged in litigation o	ver any contract? If so	, explain:		

REFERENCE LIST	Please attach additional Sheets
List projects currently under contract, in Project Title: Scope of Work: Cost of Project: Name and Address of Project Contact: Telephone Number of Project Contact:	
List completed projects within last three (3) Project Title: Scope of Work: Cost of Project: Name and Address of Project Contact: Telephone Number of Project Contact:	
MANAGEMENT INFORMATION Describe any features which distinguis	h your firm from your competitors
Describe the typical organization structure	ture you would use to staff a project and the responsibilities of each staff member
Describe your typical fee structure (lun structure for both you and the owner.	np sum, percentage of cost, hourly, etc.) and why you believe it to be the most effective and fair fee